

**SITE SAFETY PLAN**

**For**

**SUPERIOR CRUDE GATHERING, INC.**

**INGLESIDE FACILITY..**

**Prepared by:**

**Superior Crude Gathering, Inc.**

(Date: August 9, 2002)

## SITE SAFETY TRAINING

The SCG site safety manager must review this plan with all SCG and SCG contract employees working at this site. To document training, these employees must sign below.

**Site Safety Manager Initials**

[illegible]

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**PROJECT SITE SAFETY PLAN**  
**For**  
**Superior Crude Gathering, Inc.**

This Project Site Safety Plan has been prepared in accordance with 29 CFR § 1910.120 for MCS Technologies operations. All employees of SCG, who will perform work at this operation, will conform to all local, state, federal, and contractor environmental, health and safety requirements. In the event of a discrepancy between SCG Technologies and the contractor's environmental, health, and/or safety policy, the contractor's policy will take precedence.

**General Information**

Contractor Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Number: \_\_\_\_\_ Plan Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

(print)

Site Description and Scope of Work:

Process Unit/Tank #/Other Location designated as Work Site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Details of Work to be Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Project Organization:**

SCG Site Manager: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SCG Site Safety Manager: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SCG Project Manager: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SCG Safe Coordinator: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Project Rep(s): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Site Organization and Control:**

Location of shelter: \_\_\_\_\_

Location of covered eating area: \_\_\_\_\_

Clean drinking water, sanitation facilities and potable wash water: \_\_\_\_\_  
\_\_\_\_\_

Identify Assembly area and escape routes: \_\_\_\_\_  
\_\_\_\_\_

Identify Confined Spaces: \_\_\_\_\_

Will confined space entry be required?                      ☐ Yes   ☐ No

If yes, complete the SCG Confined Space Pre-Entry Checklist and SCG and/or contractor Confined Space Entry Permit. Return all completed checklists and permits to the SCG safety department.

Will decontamination procedures be required?   ☐ Yes   ☐ No

If yes, describe decontamination system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify Hazardous Energy Sources (check any that may apply):

- ☐ machinery requiring removal of safety devices (i.e.,-guards)
- ☐ electrical equipment
- ☐ hydraulic equipment
- ☐ pneumatic equipment
- ☐ thermal hazards
- ☐ pressurized equipment
- ☐ where chemical exposure may occur
- ☐ where stored energy exists such as electrical energy stored in capacitors or mechanical energy stored in springs or gravity etc.
- ☐ areas where engulfment may occur

If work will be conducted on any of the above equipment or under any of the above conditions, lockout/tagout (LO/TO) procedures must be implemented.

Is LO/TO required?                      ☐ Yes                      ☐ No

If yes, complete the SCG Lockout/Tagout Checklist & Record. Return all completed Lockout/ Tagout Checklist & Record forms to the SCG safety department.

Identify Fall Hazard Areas: \_\_\_\_\_  
\_\_\_\_\_



**Personal/area monitoring:**

Monitoring device(s) used: \_\_\_\_\_

Frequency of sampling: \_\_\_\_\_

Regulated Areas (where benzene, H2S, noise, ignition or other exposure hazards may be present):

Indicate each hazard that caused the area to be regulated (e.g. benzene, H2S, noise, ignition) and describe any engineering controls, work practices, and/or PPE that have been established to control the hazard(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The use of cellular telephones is prohibited in all work areas such as around open tanks, in process units, while operating equipment, or while driving inside plant areas. Do not carry cellular phones into process units or tank cleaning areas. Leave them in a secure place such as inside vehicles.

Are there any cellular phone in the work area?                      ☐ Yes                      ☐ No

Location Fire Extinguishers/Hoses: \_\_\_\_\_

\_\_\_\_\_

Attach a sketch of the site, if available.

**Chemical safety and Health Hazards Identified:**

SCG chemical MSDS's available:

Indicate which SCG MSDS's were provided to the contractor and the name of the individual who received them.

SCG MSDS	Recipient
_____	_____
_____	_____
_____	_____

# Emergency Information

**Contractor: SCG**

**Number:** \_\_\_\_\_

**Ambulance  
or Police:**

**Number:** \_\_\_\_\_

**Hospital:**

**Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Minor**

**Injuries:**

**Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_



### **Incident Investigation and Prevention:**

Incidents include personal injuries or illnesses, releases (such as spills and vapor releases), and damage to property. The following is a description of the incident investigation process, reporting (verbal and written) to the contractor, and actions to reduce or eliminate recurrence.

All incidents will be investigated by the SCG Safety Coordinator and SCG Site Safety Manager. Appropriate personnel will be interrogated and site conditions associated with the incident will be inspected. All information obtained by the investigation will be documented on the SCG incident report form:

This information will be carefully evaluated in order to establish the cause(s) of the incident. Once the information has been evaluated and the causes established, the actions needed to prevent recurrence can be established and implemented. This may involve repairs/maintenance of facilities, development/revision of safety or operations policies, and/or repairs/maintenance/installation of engineering controls. The preventative actions will be documented on the SCG incident report form, as well. The incident will be discussed during subsequent safety meetings to inform all SCG employees of the incident, the cause(s) of the incident, and the actions which have been or will be implemented to prevent the incident from recurring. During the safety meeting, comments and suggestions will be solicited from participating employees regarding the findings of the investigation, conclusions regarding the causes and the established preventative actions.

Written incident report forms will be completed within 48 hours of the incident. The contractor project manager will be notified initially by phone within 24 hours of the incident. A copy of the SCG incident report will be provided to the contractor project manager within 48 hours of completion of the written report.

### **Description of Audit Program:**

Compliance with safety policies will be monitored continuously by the Site Safety Manager. The SCG Safety Coordinator will conduct detailed environmental, health, and safety inspections as necessary. Written inspection reports will be prepared and maintained on file at the site. Copies of the written reports will be maintained in the SCG Environmental, Health & Safety office and made available to the contractor project manager upon request.

- first aid
- hazard communication information (MSDS's)
- respiratory protection
- use of personal protection equipment

Orientation training will include familiarization with this Site Safety Plan and Job Safety Analysis guidelines.

**Other Required Safety Training:**

- HAZWOPER
- RCRA
- Confined Space Entry/Attendee
- Energy Control
- Fire Watch
- Bottle Watch
- Respirator Training
- PPE
- Hazard Communication
- Hydrogen Sulfide
- Benzene
- Fall Protection Training
- Unit Specific
- Electrical

All contractor required training will be provided prior to working at any contractor operation. SCG introductory classroom and on-the-job training, which familiarizes SCG employees with the SCG health and safety program, will be provided within the first 6 weeks of employment or assignment to the contractor operation site. Continuing training will be provided each working week.

All training is documented. Training records are maintained in the SCG Environmental, Health & Safety office.

In addition to training, employees will be current on respirator fit testing. medical surveillance, and drug screening.

Have all employees completed the required:

training	<input type="radio"/> Yes	<input type="radio"/> No
respirator fit testing	<input type="radio"/> Yes	<input type="radio"/> No
medical surveillance	<input type="radio"/> Yes	<input type="radio"/> No
drug screen	<input type="radio"/> Yes	<input type="radio"/> No

5. Maintain copies of written incident reports at the operations site and make them available for review by the contractor's safety and environmental staff and Federal and State inspectors upon request; and,
6. Monitor company safety rules as an integral part of the position and implement disciplinary actions on all violations.

**The Safety Coordinator will:**

1. Ensure that each employee has access to the SCG Health & Safety Plan, Site Safety Plan, SCG Substance Abuse Plan, and Job Safety Analysis guidelines;
2. Report all incidents to the contractor project manager within 24 hours of the incident;
3. Jointly investigate incidents with the Site Safety Manager;
4. Prepare written incident reports;
5. Provide copies of written incident reports to the Site Safety Manager and contractor project manager;
6. Notify an staff of necessary measures to prevent incidents from recurring;
7. Maintain copies of incident reports in the SCG health & safety files;
8. Conduct environmental, health, and safety inspections;
9. Periodically review and update the SCG Health & Safety Plan, Project Site Safety Plan, Substance Abuse Plan, and Job Safety Analysis guidelines; and,

**Training Requirements:**

SCG Employee Site Orientation Training:

SCG employees will receive, at a minimum classroom and on-the-job training in:

- emergency procedures
- use of emergency equipment
- systems such as key parameters of operations
- communications and alarm systems
- response to fire and explosions
- response to incidents of contamination
- shutdown of operations
- evacuation procedures
- accident prevention

**Safety Equipment List and First Aid (check any that may apply)**

- ☐ ANSI approved hard hat
- ☐ ANSI approved safety glasses (Z87) with side shields
- ☐ face shield or goggles
- ☐ leather boots with steel toe
- ☐ rubber boots with steel toe
- ☐ hearing protection - type: \_\_\_\_\_
- ☐ leather gloves
- ☐ chemical resistant gloves - type: \_\_\_\_\_
- ☐ flame retardant coveralls
- ☐ chemical protective clothing – type: \_\_\_\_\_
- ☐ NIOSH approved air purifying respiratory with \_\_\_\_\_(type) cartridge
- ☐ Cool pack
- ☐ supplied air respiratory protection - type: \_\_\_\_\_
- ☐ fall protection - type: \_\_\_\_\_
- ☐ number, size, and type of fire extinguishers: \_\_\_\_\_
- ☐ first aid kit
- ☐ fire hose
- ☐ other: \_\_\_\_\_

Is required PPE available?                      O Yes    O No

**Responsibilities of Site Safety Personnel:**

The Site Safety Manager will:

1. Maintain on-site;
  - emergency telephone numbers
  - this Project Site Safety Plan
  - Job Safety Analysis guidelines
  - hazard communication information (MSDS's)
2. In the event of an injury, be responsible for;
  - immediate first aid to the injured
  - obtaining medical aid as required
3. Notify the SCG Project Manager or SCG Safety Coordinator as soon as possible after completion of actions in step 2 above or in the event of any incident (See Incident Investigation and Prevention below );
4. Jointly investigate all incidents with the SCG safety coordinator;

Indicate which contractor MSDS's were provided to SCG and the name of the individual who received them.

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Indicate chemical or physical hazards identified and what has been done to control the hazards:

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Waste Management:

Hazardous wastes identified: \_\_\_\_\_

Hazardous waste management procedures: \_\_\_\_\_

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Non-hazardous wastes identified: \_\_\_\_\_

Non-hazardous waste management procedures: \_\_\_\_\_

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Spill Prevention and Response

Is secondary containment necessary?                      ☐ Yes                      ☐ No

If yes, is it in place anywhere a spill may occur?                      ☐ Yes                      ☐ No

Describe secondary containment: \_\_\_\_\_

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List spill cleanup equipment and supplies available: \_\_\_\_\_

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